COMMENT ON DUNNE ET AL.

The Women's Leadership Gap in Diabetes: A Call for Equity and Excellence. Diabetes Care 2021;44:1734–1743

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We read with interest the recent article by Dunne et al. (1) outlining the women's leadership gap in diabetes. The authors' detailed examination of gender representation in scientific organizations such as the American Diabetes Association and the European Association for the Study of Diabetes illustrates concerning gender disparities in the field. We applaud their efforts to quantify gender underrepresentation and provide recommendations and potential solutions. However, the assessment of leadership in the National Institutes of Health (NIH) National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) P30 program only examined Diabetes Research Centers, overlooking another major P30 program funded by the NIDDK: the Centers for Diabetes Translation Research (CDTRs) (2) https://www.diabetes-translation.org.

The CDTRs, funded by the NIDDK since 2011, support T2–T4 translational research and dissemination and implementation science, with a focus on promoting health equity in diabetes prevention and care. The CDTRs were recently renewed for a third 5-year period, ensuring the continuation of this important work at least through 2026. As the directors and codirectors of all 7 currently funded CDTRs, we are proud to point out that 6 of the 12 CDTR principal investigators (PIs) are women (50%). Women are PIs or multiple PIs at 4 of the 7 CDTRs (57%). In addition, women represent 56% of faculty holding other key CDTR leadership roles, and 50% of these women are from backgrounds underrepresented in biomedical and behavioral research. As noted in the NIH-Wide Strategic Plan, addressing gender disparities in the research workforce is an important priority for the NIH (3). We agree with Dunne et al. that funding agencies should "make diversity and equity core to organizational missions" and promote "parity in funding and leadership roles." We believe the leadership composition of the CDTRs is a positive step in this direction.

The CDTRs' commitment to promoting health equity is reflected in our support for the careers of women and individuals from backgrounds underrepresented in biomedical and behavioral research. CDTRs provide pilot and feasibility (P&F) funding to early-stage investigators and investigators new to diabetes translational research. Since 2011, 75% of P&F grants awarded by the current CDTRs have gone to women, 31% of whom are from backgrounds underrepresented in biomedical and behavioral research. In many cases, awardees went on to play important CDTR leadership roles: three of the six women who are current CDTR multiple PIs were P&F awardees earlier in their careers. The CDTRs are playing an important role in addressing disparities in research funding and nurturing a diverse set of future leaders in the field.

As Dunne et al. (1) point out, commitment to gender equity should be required by editorial boards, academic

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institutions, professional organizations, and research funding agencies across the professional diabetes community. We believe including the P30-funded CDTRs in the assessment of gender equity in diabetes research provides an important case study on gender representation in the field. We welcome the opportunity to engage with Dunne et al., as well as the American Diabetes Association, the European Association for the Study of Diabetes, and the NIDDK, to advance women in biomedical careers and close the women's leadership gap in diabetes.

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